



## BARTON COUNTY NEIGHBORHOOD REVITALIZATION PLAN APPLICATION FOR TAX REBATE PART 1

Owner's Name \_\_\_\_\_ Daytime Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Owner's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Address of Subject Property \_\_\_\_\_

Legal Description \_\_\_\_\_

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Parcel Identification # 005- \_\_\_\_\_ QREF# R \_\_\_\_\_  
(Available on Tax Statement or from the Barton County Appraiser's Office)

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Permit No: \_\_\_\_\_ (must submit copy of permit with application) Issue Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Improvement Costs: \_\_\_\_\_ Estimated Date of Completion \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Description of Project: \_\_\_\_\_

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Proposed Property Use:

Residential: (New \_\_\_\_ or Rehab\_\_\_\_) (Rental \_\_\_\_ or Owner Occupied\_\_\_\_)  
(Single Family\_\_\_\_ or Multi Family\_\_\_\_) (If Multi Family Number of Units\_\_\_\_)  
*(If property will be or continue to be residential use, please complete PAGE 2)*

Commercial: (New \_\_\_\_ or Rehab\_\_\_\_) (Rental \_\_\_\_ or Owner Occupied\_\_\_\_)  
*(If property will be or continue to be commercial use, please complete PAGE 3)*

Industrial: (New \_\_\_\_ or Rehab\_\_\_\_) (Rental \_\_\_\_ or Owner Occupied\_\_\_\_)  
*(If property will be or continue to be industrial use, please complete PAGE 3)*

Agricultural: (New \_\_\_\_ or Rehab\_\_\_\_) (Rental \_\_\_\_ or Owner Occupied\_\_\_\_)  
*(If property will be or continue to be agricultural use, please complete PAGE 3)*



## PART 1 – CONTINUED RESIDENTIAL PROJECTS

Estimated Cost of Improvements: Materials \$ \_\_\_\_\_ Labor \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
(Please attach copies of cost documentation, blueprints, and or plans)

Please check **ONE (1)** of the following that best describes the construction of your project:

Contractor Built (turn-key)  Prebuilt Home Moved Onto Site ( on frame  off frame)  
 Contractor Built with Owner Participation  
(Amount of Owner Participation  Hours  % of Project  \$ \_\_\_\_\_ Value)  
 Owner Built  Other

### NEW RESIDENTIAL

Foundation: Slab  Crawl  Full Basement  Partial Basement  Walkout Basement

Story Height  Heat and Air Type: \_\_\_\_\_ SQFT of Living Area: Main  Upper

#### Number of Rooms Above Grade

**Main Floor:** Bedroom(s)  Kitchen(s)  Living Room(s)  Separate/Formal Dining Room   
Living/Dining Combo  Kitchen/Dining Combo  Family/Rec Room(s)  Den/Study/Office

**Upper Floor:** Bedroom(s)  Family/Rec Room(s)  Den/Study/Office  Other

**Basement Information** (If applicable): Bedroom(s)  Family/Rec Room(s)  Den/Study/Office

Other  Finished Basement Area: Size  x  or  %

#### Plumbing Information

Number of Baths on All Floors: Full Bath(s)  ¾ Bath(s)  ½ Bath(s)

Number of Additional Fixtures: Double Sink(s)  Extra Shower or Tub  Laundry Sink  Wet Bar

### RESIDENTIAL REMODEL

#### Room(s) Remodeled (Please Mark All That Apply)

Bedroom(s)  Kitchen(s)  Living Room(s)  Dining Room  Family/Rec Room(s)   
Den/Study/Office  Bathroom(s)  Basement  Other

#### Room(s) To Be Added

Bedroom(s)  Kitchen(s)  Living Room(s)  Dining Room  Family/Rec Room(s)   
Den/Study/Office  Bathroom(s)  Basement  Other

### OTHER STRUCTURE USED FOR RESIDENTIAL PURPOSES

Type of Structure \_\_\_\_\_ Size of Building  x  Height

Construction: Wood Frame  Pole Frame  Steel Frame  Concrete  Fireproof Steel  Other



# Barton County

**Barton Invests in Growth**

## PART 1 – CONTINUED COMMERCIAL/INDUSTRIAL/AGRICULTURAL PROJECTS

Estimated Cost of Improvements: Materials \$ \_\_\_\_\_ Labor \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
(Please attach copies of cost documentation, blueprints, and or plans)

Please check **ONE (1)** of the following that best describes the construction of your project:

Contractor Built (turn-key)       Prebuilt Moved Onto Site       Owner Built  
 Contractor Built with Owner Participation  
(Amount of Owner Participation      Hours      % of Project      \$      Value)  
 Other

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### List of Buildings or Improvements Proposed to Be Demolished

x \_\_\_\_\_ Year Built \_\_\_\_\_ Description \_\_\_\_\_  
 x \_\_\_\_\_ Year Built \_\_\_\_\_ Description \_\_\_\_\_  
 x \_\_\_\_\_ Year Built \_\_\_\_\_ Description \_\_\_\_\_

### New Project

Type of Structure \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ Height \_\_\_\_\_

Construction: Wood Frame \_\_\_\_\_ Pole Frame \_\_\_\_\_ Steel Frame \_\_\_\_\_ Concrete \_\_\_\_\_ Fireproof Steel \_\_\_\_\_ Other \_\_\_\_\_

Floor: Concrete \_\_\_\_\_ Dirt \_\_\_\_\_ Heat and Air Type: \_\_\_\_\_

Exterior Wall Material: \_\_\_\_\_

### Rehabilitation or Remodel of Existing Structure

Type and Current Use of Structure \_\_\_\_\_

Size of Existing Structure \_\_\_\_\_ x \_\_\_\_\_ Year Built \_\_\_\_\_

Describe Improvements Being Made \_\_\_\_\_



## PART 1 – CONTINUED

### BARTON COUNTY NEIGHBORHOOD REVITALIZATION PLAN APPLICATION FOR TAX REBATE

I, \_\_\_\_\_, acknowledge that I have received, read, and understand all the content in the Barton County Neighborhood Revitalization Plan. I do hereby agree to follow all application procedures and criteria. I understand that this application will be void one year from the date below if improvements or construction has not been started. I also understand that I am not eligible for any tax rebates unless or until the project is completed in its entirety. I will be able to request a one (1) time, one (1) year extension after construction has begun to complete the project. I further understand that any taxing entity may terminate this agreement with thirty (30) days' notice at any time. I understand that failure to follow all proper procedures, meet stated deadlines for submittal of applications, and all other requirements of the Barton County Neighborhood Revitalization Plan will result in the immediate removal of my property from the program and all future rebates will be forfeited.

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Signature of Property Owner

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Date**OFFICE USE ONLY**

Non-Refundable Application Fee received? \_\_\_\_\_ YES (Cash, Check No \_\_\_\_\_) \_\_\_\_\_ NO

Based upon the submitted information the minimum investment amount will be met? \_\_\_\_ YES \_\_\_\_ NO

The most recent certified Appraised and Assessed Valuation is as follows:

Appraised Value			Assessed Value		
\$	\$	\$	\$	\$	\$
Land	Improvement	Total	Land	Improvement	Total
_____	_____	_____	_____	_____	_____

**TREASURER'S OFFICE**

As of \_\_\_\_\_, 20\_\_\_\_ Taxes on this property as well as all other real estate and/or personal property taxes owed by the above property owner are hereby current. \_\_\_\_\_

Initials

Date

**COUNTY CLERK'S OFFICE**

As of \_\_\_\_\_, 20\_\_\_\_ There are no delinquent special assessments for this property.

Initials

Date



## PART 2 – PROJECT COMPLETION

Part 2 – Project Completion must be filed in the Office of the County Appraiser by January 31<sup>st</sup> of the year following the year the construction was completed or project will be ineligible for tax rebate. Any and all financial information reported on this form will be considered confidential and will not be subject to public disclosure as provided in K.S.A. 45-221(b).

Owner's Name \_\_\_\_\_ Daytime Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Address of Subject Property \_\_\_\_\_

Permit No: \_\_\_\_\_ Issue Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Actual Date of Completion \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Final Improvement Costs: \_\_\_\_\_ *(Make sure to attach copies of all construction costs when submitting Part 2)*

**Signature of Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

FOR OFFICE USE ONLY  
For Review by All Applicable Entities

**Building Inspector** Proceed \_\_\_\_ Do NOT Proceed \_\_\_\_ Signed By \_\_\_\_\_

Comments: \_\_\_\_\_

**City Administrator** Proceed \_\_\_\_ Do NOT Proceed \_\_\_\_ Signed By \_\_\_\_\_

Comments: \_\_\_\_\_

**City Utility Dept.** Proceed \_\_\_\_ Do NOT Proceed \_\_\_\_ Signed By \_\_\_\_\_

Comments: \_\_\_\_\_

### County Appraiser

Appraised Value			Assessed Value		
\$	\$	\$	\$	\$	\$
Land	Improvement	Total	Land	Improvement	Total

Increased Property Value due to the improvements: \$ \_\_\_\_\_ Assessed Value Increase: \_\_\_\_\_ %

This project meets the requirements for a tax rebate: YES \_\_\_\_ NO \_\_\_\_

BY \_\_\_\_\_

DATE \_\_\_\_\_

(Barton County Appraiser's Office)



## PART 3 – PROJECT NOT COMPLETE

Part 3 – Project NOT Complete must be filed in the Office of the County Appraiser by January 31<sup>st</sup> of the year following the year the construction was completed or project will be ineligible for tax rebate. Upon receiving and acknowledging the receipt of Part 3 – Project NOT Complete the project will be granted a one time, one year extension to complete the project 100%.

Owner's Name \_\_\_\_\_ Daytime Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Address of Subject Property \_\_\_\_\_

Permit No: \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amended Estimated Date of Completion \_\_\_\_/\_\_\_\_/\_\_\_\_

*Estimated percent complete of the ongoing project as of January 1.* \_\_\_\_\_%

**Signature of Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Part 3 received \_\_\_\_/\_\_\_\_/\_\_\_\_

Date letter mailed to owner granting one time, one year extension \_\_\_\_/\_\_\_\_/\_\_\_\_

Date any/all applicable entities notified \_\_\_\_/\_\_\_\_/\_\_\_\_ Entity \_\_\_\_\_

BY \_\_\_\_\_  
(Barton County Appraiser's Office)

DATE \_\_\_\_\_